



FINANCE DIVISION FREDERICK COUNTY, MARYLAND

30 North Market Street • Frederick, Maryland 21701

301-600-1111 • Fax 301-600-2347 • TTY: Use Maryland Relay Service

www.co.frederick.md.us

TAX CREDIT ELIGIBILITY CERTIFICATION

This Tax Credit Eligibility Certification is made this ____ day of _____, _____ by _____, the surviving spouse of _____, a Fallen Emergency Worker as defined in the Frederick County Code, Section 1-8-64, who died in the line of duty on _____ and is made for the purpose of claiming and continuing those tax credits against Frederick County real property tax that would otherwise be imposed on the following described property, as permitted by Frederick County Code, Section 1-8-64.

This Certification is given with respect to the following property located in Frederick County, Maryland, at _____, tax parcel # _____:

- ____ This property was owned by the Fallen Emergency Worker at the time of death; or
- ____ The Fallen Emergency Worker or the surviving spouse was domiciled in the state as of the Fallen Emergency Worker's death and the dwelling was acquired by the surviving spouse within two years of the Fallen Emergency Worker's death; or
- ____ The dwelling was acquired after the surviving spouse qualified for a credit for a former dwelling under subsection (1) or (2) of the Frederick County Code 1-8-64 (B).

I hereby certify, under penalties of perjury, with respect to the aforementioned property that:

The property is the legal residence of the surviving spouse who has not remarried; and
The property is occupied by not more than two families.

In witness to the above certification, my notarized signature is set forth below.

By: _____

Name: _____

Date: _____

STATE OF MARYLAND, COUNTY OF _____, to wit:

I HEREBY CERTIFY that on this ____ day of _____, _____, before me a Notary Public in and for the State aforesaid, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that the above certification is true and correct and that he/she executed the same under penalties of perjury for the purposes therein contained.

AS WITNESS my hand and notarial seal.

Notary Public

My Commission Expires: _____